| Electronic Patent Application Fee Transmittal |  |          |          |        |                         |  |  |
|---|--|----------|----------|--------|-------------------------|--|--|
| Application Number:                           | 10810388                                     |          |          |        |                         |  |  |
| Filing Date:                                  | 26-Mar-2004                                  |          |          |        |                         |  |  |
| Title of Invention:                           | Assessing neuronal damage from blood samples |          |          |        |                         |  |  |
| First Named Inventor/Applicant Name:          | Gerry Shaw                                   |          |          |        |                         |  |  |
| Filer:  | Nicholas Andrew Zachariades/Gail Ochocki     |          |          |        |                         |  |  |
| Attorney Docket Number:                       | 5853-400                                     |          |          |        |                         |  |  |
| Filed as Small Entity                         |  |          |          |        |                         |  |  |
| Utility Filing Fees                           |  |          |          |        |                         |  |  |
| Description                                   |  | Fee Code | Quantity | Amount | Sub-Total in<br>USD(\$) |  |  |
| Basic Filing:                                 |  |          |          |        |                         |  |  |
| Pages:  |  |          |          |        |                         |  |  |
| Claims:                                       |  |          |          |        |                         |  |  |
| Miscellaneous-Filing:                         |  |          |          |        |                         |  |  |
| Petition:                                     |  |          |          |        |                         |  |  |
| Patent-Appeals-and-Interference:              |  |          |          |        |                         |  |  |
| Post-Allowance-and-Post-Issuance:             |  |          |          |        |                         |  |  |
| Extension-of-Time:                            |  |          |          |        |                         |  |  |
| Extension - 1 month with \$0 paid             |  | 2251     | 1        | 60     | 60                      |  |  |

| Description    | Fee Code          | Quantity | Amount | Sub-Total in<br>USD(\$) |
|----------------|-------------------|----------|--------|-------------------------|
| Miscellaneous: |                   |          |        |                         |
|                | Total in USD (\$) |          |        | 60                      |